

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Memorial Hospital of South BendCity: South Bend County: St Joseph Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	7	19	1,216	\$143,161
ICU Med/Surg	17	205	4,234	\$45,964
ICU Neonatal	36	418	9,990	\$36,261
ICU Pediatric	13	203	1,311	\$11,884
Medical/Surgical	106	7,041	28,065	\$3,477
Neonatal Intermed	0	0	0	\$0
Obstetrics	41	3,483	9,585	\$2,931
Pediatric	20	986	2,560	\$3,199

Psychiatric	0	0	0	\$0
Rehabilitation	20	437	5,510	\$17,171
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	88	5,012	23,665	NA
Acute Subtotal	348	17,804	86,136	NA
Normal Newborn	37	2,903	6,628	\$974

II. Outpatient Visits			
Circulatory System	4,453	Digestive System	3,480
Endocrine System	1,508	Injuries and Poison	6,036
Mental Disorder	1,934	Musculoskeletal	13,425
Neoplasms	8,553	Nervous	3,749
Respiratory	2,617	Urinary	7,207
Other/Unknown	94,434	Total Visits	147,396
Number of Visits to Emergency Department			45,130
Percent of Emergency Department Visits of Total Visits			30.6%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractic Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
Y - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	Y - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
------	----------------	-------	----------------------	------	--------------